



STATE OF CALIFORNIA
e-PROGRAMS AND OUTREACH SECTION
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

AGREEMENT TO COMPLY WITH FTB PUB. 1098

Computerized tax processors, tax software developers, commercial printers, and others who develop tax forms in a scannable format or as substitute copies of official California Franchise Tax Board tax forms, must complete this form. Please FAX your completed form to (916) 845-4788, Attn: Kathy Bridges/Dwayne Thomas or mail it to us at:

e-Programs and Outreach Section M/S F284
Franchise Tax Board
PO Box 1468
Sacramento CA 95812-1468

I am a representative of

(name of company) _____

and I am authorized to agree to and answer the following on behalf of the above named company.

In an effort to maintain current records, please take a moment to answer the following questions. If these questions do not apply, complete Side 2 and FAX or mail it to us using the information above.

Has your company experienced a recent merger? YES ☐ NO ☐

If NO, please go to the next question.

If YES, please indicate new company name, forms contact person, and telephone number.

Company Name: _____

Forms Contact Name: _____

Telephone (_____) _____ ext. _____

Our company will (check all applicable boxes):

☐ Develop scannable/substitute tax form(s) or voucher(s) using our tax software programs.

- | | | | |
|---------------------------------------|-------------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Form 100-ES | <input type="checkbox"/> Form 540NR Long | <input type="checkbox"/> FTB 3519 | <input type="checkbox"/> FTB 3539 |
| <input type="checkbox"/> Form 540 | <input type="checkbox"/> Form 540NR Short | <input type="checkbox"/> FTB 3522 | <input type="checkbox"/> FTB 3563 |
| <input type="checkbox"/> Form 540-ES | <input type="checkbox"/> Form 540X | <input type="checkbox"/> FTB 3537 | <input type="checkbox"/> FTB 3582 |
| <input type="checkbox"/> Form 540 2EZ | <input type="checkbox"/> Form 541-ES | <input type="checkbox"/> FTB 3538 | <input type="checkbox"/> FTB 3586 |

☐ Develop tax software programs to be used with scannable/substitute tax forms developed by

_____ (provide company name)

☐ Develop scannable/substitute tax form(s) or voucher(s) for other companies to use with their tax software programs.

- | | | | |
|---------------------------------------|-------------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Form 100-ES | <input type="checkbox"/> Form 540NR Long | <input type="checkbox"/> FTB 3519 | <input type="checkbox"/> FTB 3539 |
| <input type="checkbox"/> Form 540 | <input type="checkbox"/> Form 540NR Short | <input type="checkbox"/> FTB 3522 | <input type="checkbox"/> FTB 3563 |
| <input type="checkbox"/> Form 540-ES | <input type="checkbox"/> Form 540X | <input type="checkbox"/> FTB 3537 | <input type="checkbox"/> FTB 3582 |
| <input type="checkbox"/> Form 540 2EZ | <input type="checkbox"/> Form 541-ES | <input type="checkbox"/> FTB 3538 | <input type="checkbox"/> FTB 3586 |

☐ Develop substitute Schedule W-2

☐ Develop Paperless Schedules K-1 565 or 568 to be submitted on CD, diskette, or cartridge.

☐ Reproduce official forms provided by the Franchise Tax Board.

Our company agrees to comply with FTB Pub. 1098, Guidelines for the Development and Use of Substitute, Scannable, and Reproduced Tax Forms, published by the Franchise Tax Board.

Specifically, our company agrees to:

1. Refrain from requesting approval of scannable/substitute tax forms based on preliminary versions of our forms, or using preliminary versions of our forms to prepare returns for filing with the Franchise Tax Board, or distributing preliminary versions of our forms to the public.
2. Submit to the Franchise Tax Board for its review and approval, prior to their release to customers or clients, any scannable/electronically processed substitute tax forms or any products that produce these forms and, in case of paperless Schedules K-1 565 or 568, use FTB provided Schedules K-1 565 or 568 TestWare or submit Schedules K-1 565 or 568 test files before sending production files.
3. When notified by the Franchise Tax Board, promptly correct errors in our company's scannable/substitute tax forms and substantiate to the Franchise Tax Board that our company has corrected the errors and notified customers or clients of the corrections. Continue to educate customers to prevent problem returns from being generated.
4. Notify customers or clients of the computer hardware requirements, including printers, printer fonts, font cartridges, etc., necessary to produce our company's scannable/substitute tax forms that were approved by the Franchise Tax Board.
5. Identify to the Franchise Tax Board all scannable/substitute tax forms and tax software programs using our company's identification code.
6. Notify Franchise Tax Board of any critical software problems identified after releasing products to customers.
7. Abide by the provisions of Senate Bill 1724 signed into law on September 30, 2000, (amending Sections 17530.5, 22251, and 22253 of the Business and Professions Code and adding Sections 1799.1a to the Civil Code and 18621.7 to the Revenue and Taxation Code). This law requires the Franchise Tax Board to approve only those commercially developed tax preparation forms that are compliant with the provisions of Section 6 of Senate Bill 1724, codified in Revenue and Taxation Code Section 18621.7.

Our company also specifically authorizes the Franchise Tax Board to include the name of our company in various public information material designed to inform tax practitioners and the public about vendors who have agreed, complied, or failed to comply with the Franchise Tax Board's policies, procedures, guidelines, and specifications.

Authorized representative's name		Computerized Tax Processor Identification (CTP ID)*	
Signature by		Date	
Title			
Mailing address		PMB no.	
City, State, ZIP Code			
Forms contact name		Telephone number () ext.	
Forms contact email address, if more than one contact, use next line		FAX number ()	
Additional contact name		Telephone number () ext.	
Additional contact email address		Telephone number for public distribution () ext.	

*Please refer to the assigned number given in a prior acknowledgement letter, if applicable.